

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF GEORGIA

RONALD LEE COOPER

Plaintiff/Petitioner

Case No.:

1:21-CV-02526-LMM-CCB

vs.

EQUIFAX INFORMATION SERVICES, LLC, ET AL.

Defendant/Respondent

AFFIDAVIT OF SERVICE OF

SUMMONS; COMPLAINT; CIVIL COVER SHEET

Received by **Marsha Lausman**, on the **22nd day of June, 2021 at 10:47 PM** to be served upon **EXPERIAN INFORMATION SOLUTIONS, INC. c/o C T Corporation System, REGISTERED AGENT at 289 S Culver St, Lawrenceville, Gwinnett County, GA 30046-4805.**

On the **23rd day of June, 2021 at 11:11 AM**, I, **Marsha Lausman**, **SERVED EXPERIAN INFORMATION SOLUTIONS, INC. c/o C T Corporation System, REGISTERED AGENT at 289 S Culver St, Lawrenceville, Gwinnett County, GA 30046-4805** in the manner indicated below:

CORPORATE SERVICE, by personally delivering 1 copy(ies) of the above listed documents to the named Corporation, by serving **C T Corporation System, REGISTERED AGENT**, on behalf of said Corporation.

THE DESCRIPTION OF THE PERSON WITH WHOM THE COPY OF THIS PROCESS WAS LEFT IS AS FOLLOWS:
Who accepted service in accordance with social distancing requirements (placed the documents in a clearly visible place at least six feet away from the subject and advised the subject to retrieve them after stepping away), with identity confirmed by subject saying yes when named, a gray-haired white female approx. 55-65 years of age, 5'-5'4" tall and weighing 120-140 lbs with glasses. Linda Banks, SOP

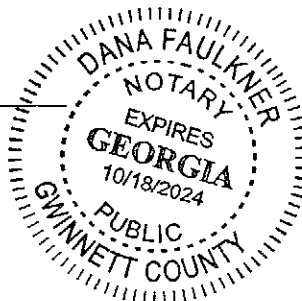
Service Fee Total: \$62.00

Per U.S. Code § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

NAME: *Marsha Lausman* N/A 141 JUN 23 2021
 Marsha Lausman Server ID # JUN 23 2021 Date

Notary Public: Subscribed and sworn before me on this _____ day of _____ in the year of 20____
 Personally known to me X or _____ identified by the following document:

Dana Faulkner
 Notary Public (Legal Signature)



Number/Reference: _____
 Type: _____
 Notary Public for State of: _____
 Commission Expiration: _____



REF: Cooper (EXPERIAN INFORMATION SOLUTIONS, INC.)

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